AdvancedHealth
Bridging the Future of Healthcare

289 LaClair Coos Bay OR 97420
Phone: 541-269-7400 Fax: 541-269-7147

Wegovy (semaglutide) Drug Use Criteria

Created: June 2024
Updated: April 2025

Includes:
Wegovy© (*Semaglutide)*

GUIDELINE FOR USE:
Initial Request:

1. Is the request for Wegovy?
    a. If yes, go to 2
    b. If no, please see the Glucagon-Like-Peptide-1 Drug Use Criteria.

2. Is the request for a weight management drug AND member has established cardiovascular disease with a history of **ONE OR MORE** of the following (documentation required):
    - previous myocardial infarction (MI)
    - previous stroke
    - symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest)
    - peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease
    - prior history of revascularization (coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI), or angioplasty)?

    a. If yes, go to 3
    b. If no, and the member qualifies for EPSDT, go to 6
    c. If no and member does not qualify for EPSDT, deny as not meeting criteria. Wegovy is FDA approved for secondary cardiovascular prevention in members with documented established cardiovascular disease who are overweight or obese.

3. Does the member have a BMI of 27kg/m^2 or greater?
    a. If yes, go to #4. Document current BMI.
    b. If no, deny as not meeting criteria.

4. Does the member have a history of ACTIVE PARTICIPATION in a weight loss treatment plan (with documented compliance) (e.g., diet and exercise program, nutritional counseling, and/or a calorie restriction diet) for at least 6 months with failure to achieve or maintain 5% or more weight loss?
    a. If yes, go to 5.
    b. If no, deny as not meeting criteria. Wegovy is approved in combination with a reduced-calorie diet and increased physical activity.

289 LaClair Coos Bay OR 97420
Phone: 541-269-7400 Fax: 541-269-7147

5. Has the member had a 12-week trial with Contrave© without weight loss of 4%-5% compared to baseline?
    a. If yes, approve 1 fill of the 0.25mg, 1 fill of the 0.5mg, 1 fill of the 1mg, and 1 fill of the 1.7mg. Request updated chart notes evaluating response and what the maintenance dose will be (1.7mg or 2.4mg).
    b. If no, deny as not meeting criteria. Step therapy with Contrave© for at least 3 months in combination with adherence to weight loss treatment plan is required. PA is required for Contrave©, please change requested therapy to meet step therapy requirement.

6. Is the request for a weight management drug for a qualifying EPSDT member?
    a. If yes, go to 7
    b. If no, deny as not meeting criteria.

7. Does the member have a BMI of 30kg/m^2 or greater?
    a. If yes, go to 8. Document current BMI.
    b. If no, deny as not meeting criteria.

8. Does the member have a history of ACTIVE PARTICIPATION in a weight loss treatment plan (with documented compliance) (e.g., diet and exercise program, nutritional counseling, and/or a calorie restriction diet) for at least 6 months with failure to achieve or maintain 5% or more weight loss?
    a. If yes, go to 9
    b. If no, deny as not meeting criteria.

9. Has the member trialed with one of the following first-line treatments for appetite suppression for at least 3 months, while maintaining adherence to a structured lifestyle modification program, without weight loss of 5% compared to baseline?
    - Members greater than 17 years of age: Phentermine (step 1, trial for 3 months) then Qsymia© (step 2: for 6 months with dose titration)
    - Members 12-17 years of age: Qsymia© (for 6 months with dose titration)

    a. If yes approve for up to 6 months or per titration treatment plan as outlined by provider
    b. If no, deny as not meeting criteria. Step therapy with preferred least costly alternatives is required.

Renewal Request:

1. Has the patient lost or maintained BMI and the member has been adherent to the therapy based on claims history review?
    a. If yes, go to #2.
    b. If no, deny as not meeting criteria. Clinical documentation does not support benefit with treatment. Please reassess and discuss other weight management treatment options.

289 LaClair Coos Bay OR 97420
Phone: 541-269-7400 Fax: 541-269-7147

2. Is the member continuing with a weight loss treatment plan (e.g., diet and exercise program, nutritional counseling, and/or a calorie restricted diet?
    a. If yes, may approve up to 12 months if on maintenance dose (1.7mg or 2.4mg). If on titration dose, approve based on dose.
    b. If no, deny as not meeting criteria. All medications approved for weight loss are indicated as an adjunct to diet and exercise.

Rationale:

To provide guidance for the use of Wegovy (semaglutide) to ensure coverage for the most appropriate member populations in which evidence supports efficacy and safety for reduction in cardiovascular (CV) outcomes.

FDA Approved Indication:

WEGOVY® is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated in combination with a reduced calorie diet and increased physical activity:

- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight (1).
- to reduce excess body weight and maintain weight reduction long term in:
    - Adults and pediatric patients aged 12 years and older with obesity
    - Adults with overweight in the presence of at least one weight-related comorbid condition (1).

References:

1. Weghuber D, et al. Once-Weekly Semaglutide in Adolescents with Obesity. N Engl J Med. 2022;387:2245–2257.
2. FDA Prescribing Information – Wegovy (semaglutide). U.S. Food and Drug Administration.
3. Kelly AS, et al. AHA Scientific Statement: Severe Obesity in Children and Adolescents: Identification, Associated Health Risks, and Treatment Approaches. Circulation. 2013;128:1689–1712.
4. American Academy of Pediatrics Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. Pediatrics. 2023;151(2):e2022060640.
5. CDC Growth Charts. Centers for Disease Control and Prevention.